PTO/SB/05 (08-03)

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PATENT APPLICATION FEE DETERMINATION RECORD						ss it displays a valid OMB control number. Application or Dockel Number		
Substitute for Form PTO-875						11/8/ 440.875		
CLAIMS AS FILED - PA (Column 1)			olumn 2)	SMALL	SMALL ENTITY		OTHER THAN SMALL ENTITY	
FOR	NUMBER FILED	NUME	BER EXTRA	RATE	· FEE		RATE	FEE
BASIC FEE (37 CFR 1.15(a))					\$	OR		s
TOTAL CLAIMS (37 CFR 1.16(d)	minus 2	0 =		x s=		OR	x s	
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus	3		x s =		OR	x s_ =	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))				+; =	1	OR	+5 =	
" If the difference in column 1 is less than zero, enter "O" in column 2.				TOTAL		OR	TOTAL	
CLAIN								
	•		OR	OTHE	R THAN			
	CLAIMS	(Column 2)	(Column 3)	SMALL E	ENTITY)	SMALL	ENTITY
Z AN	EMAINING AFTER ENDMENT	NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADOI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total (37 CFR 1.16(c))	25 Minus	21	* 4	x 5 =		OR	<u>یح کی</u> x	200
Z Independent (17 CFR 1.15(b))	Minus	3	.3	x \$		OR	x <u>20</u> =	6000
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(4))				+ \$=		OR	+ \$ 2	
				TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE 9	800D
, (C	olumn 1)	(Column 2)	(Column 3)	'			,	
m / RE	CLAIMS EMAINING AFTER ENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
V J J Ottal Q7 CFR 1.16(4) Q Z Independent U (17 CFR 1.16(p))	29 Minus	21	-	X \$ =		OR	X \$=	
Z Independent (37 CFR 1.16(b))	Minus	<u></u>	-	x \$=		OR	X \$=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(d))				+ 5 =		OR	+ \$=	
				TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
(C								
U RE	CLAIMS MAINING AFTER ENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
Total *	Minus	10	• .	x s=	FEE	<u> </u>	×	FEE
Total (17 CFR 1.16(c)) Independent (17 CFR 1.16(b))	Minus	*** .	=	x s =		OR I	x s =	
FIRST PRESENTATION	+:		OR Or					
	TOTAL ADD'L FEE		OR L	TOTAL				
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".								
"" If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.								

The "risplest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the LUSPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.